

FORM #584

GRIEVANCE FORM

FACILITY: DC SHU DATE: 10-31-04
 GRIEVANT'S NAME: Ron Porter SBI#: 173750
 CASE#: 8479 TIME OF INCIDENT: _____
 HOUSING UNIT: 192W2

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 10-29-04 B.E. SEE ATTACHED
 ONLY SENT ME SOME ITEMS HE'S NOT
 SENT ALL ITEMS MARKED AS
 NEXT THEM. **NO**

B. ENGBERG IS ALSO HURK MY
 (FOL) (WORKS) NOW FOR 35 days
 AND NO ONE HAS STOPPED OR CORRECTED
 HIM.

ACTION REQUESTED BY GRIEVANT: _____

INVESTIGATE

GRIEVANT'S SIGNATURE: [Signature] DATE: 10-31-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

April '97 REV

Exh. J-2

RECEIVED
 NOV 03 2004
 Inmate Grievance Office